

Fill in this information to identify the case:

Debtor 1 Maximilian Sanchez
 Debtor 2 Elba I Sanchez
 (Spouse, if filing)
 United States Bankruptcy Court for the: Middle District of PA
 (State)
 Case number 5:17-bk-02918-JJT

Official Form 410
Proof of Claim

12/15

Read the instructions before filling out this form. This form is for making a claim for payment in a bankruptcy case. Do not use this form to make a request for payment of an administrative expense. Make such a request according to 11 U.S.C. § 503.

Filers must leave out or redact information that is entitled to privacy on this form or on any attached documents. Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. Do not send original documents; they may be destroyed after scanning. If the documents are not available, explain in an attachment.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Fill in all the information about the claim as of the date the case was filed. That date is on the notice of bankruptcy (Form 309) that you received.

Part 1: Identify the Claim

1. Who is the current creditor?	<u>Social Security Administration</u> Name of the current creditor (the person or entity to be paid for this claim) Other names the creditor used with the debtor _____	
2. Has this claim been acquired from someone else?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. From whom? _____	
3. Where should notices and payments to the creditor be sent? Federal Rule of Bankruptcy Procedure (FRBP) 2002(g)	Where should notices to the creditor be sent? <u>Social Security Administration</u> Name <u>1 Jamaica Center Plaza</u> Number Street <u>Jamaica NY 11432</u> City State ZIP Code Contact phone _____ Contact email _____	Where should payments to the creditor be sent? (if different) <u>SSA-MATPSC</u> Name <u>PO Box 2861</u> Number Street <u>PHILADELPHIA PA 19122</u> City State ZIP Code Contact phone _____ Contact email _____
Uniform claim identifier for electronic payments in chapter 13 (if you use one): <u>17A1328A35277</u>		
4. Does this claim amend one already filed?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Claim number on court claims registry (if known) _____	
		Filed on _____ MM / DD / YYYY
5. Do you know if anyone else has filed a proof of claim for this claim?	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Who made the earlier filing? _____	

Part 2: Give Information About the Claim as of the Date the Case Was Filed

6. Do you have any number you use to identify the debtor?

☒ No

☐ Yes. Last 4 digits of the debtor's account or any number you use to identify the debtor:

5277

7. How much is the claim?

\$ 39234.30

Does this amount include interest or other charges?

☒ No

☐ Yes. Attach statement itemizing interest, fees, expenses, or other charges required by Bankruptcy Rule 3001(c)(2)(A).

8. What is the basis of the claim?

Examples: Goods sold, money loaned, lease, services performed, personal injury or wrongful death, or credit card.

Attach redacted copies of any documents supporting the claim required by Bankruptcy Rule 3001(c).

Limit disclosing information that is entitled to privacy, such as health care information.

OVERPAYMENT OF BENEFITS - SEE CERTIFICATE
OF INDEBTEDNESS

9. Is all or part of the claim secured?

☒ No

☐ Yes. The claim is secured by a lien on property.

Nature of property:

☐ Real estate. If the claim is secured by the debtor's principal residence, file a *Mortgage Proof of Claim Attachment* (Official Form 410-A) with this *Proof of Claim*.

☐ Motor vehicle

☐ Other. Describe: _____

Basis for perfection:

Attach redacted copies of documents, if any, that show evidence of perfection of a security interest (for example, a mortgage, lien, certificate of title, financing statement, or other document that shows the lien has been filed or recorded.)

Value of property: \$ _____

Amount of the claim that is secured: \$ _____

Amount of the claim that is unsecured: \$ _____ (The sum of the secured and unsecured amounts should match the amount in line 7.)

Amount necessary to cure any default as of the date of the petition: \$ _____

Annual Interest Rate (when case was filed) _____ %

☐ Fixed

☐ Variable

10. Is this claim based on a lease?

☒ No

☐ Yes. Amount necessary to cure any default as of the date of the petition.

\$ _____

11. Is this claim subject to a right of setoff?

☒ No

☐ Yes. Identify the property: _____

12. Is all or part of the claim entitled to priority under 11 U.S.C. § 507(a)?

A claim may be partly priority and partly nonpriority. For example, in some categories, the law limits the amount entitled to priority.

☒ No

☐ Yes. Check all that apply:

☐ Domestic support obligations (including alimony and child support) under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B).

☐ Up to \$2,775* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use. 11 U.S.C. § 507(a)(7).

☐ Wages, salaries, or commissions (up to \$12,475*) earned within 180 days before the bankruptcy petition is filed or the debtor's business ends, whichever is earlier. 11 U.S.C. § 507(a)(4).

☐ Taxes or penalties owed to governmental units. 11 U.S.C. § 507(a)(8).

☐ Contributions to an employee benefit plan. 11 U.S.C. § 507(a)(5).

☐ Other. Specify subsection of 11 U.S.C. § 507(a)() that applies.

Amount entitled to priority

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

* Amounts are subject to adjustment on 4/01/16 and every 3 years after that for cases begun on or after the date of adjustment.

Part 3: Sign Below

The person completing this proof of claim must sign and date it. FRBP 9011(b).

If you file this claim electronically, FRBP 5005(a)(2) authorizes courts to establish local rules specifying what a signature is.

A person who files a fraudulent claim could be fined up to \$500,000, imprisoned for up to 5 years, or both. 18 U.S.C. §§ 152, 157, and 3571.

Check the appropriate box:

☐ I am the creditor.

☒ I am the creditor's attorney or authorized agent.

☐ I am the trustee, or the debtor, or their authorized agent. Bankruptcy Rule 3004.

☐ I am a guarantor, surety, endorser, or other codebtor. Bankruptcy Rule 3005.

I understand that an authorized signature on this *Proof of Claim* serves as an acknowledgment that when calculating the amount of the claim, the creditor gave the debtor credit for any payments received toward the debt.

I have examined the information in this *Proof of Claim* and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on date

01/08/2018
MM / DD / YYYY

Bernie Bowles

Signature

Print the name of the person who is completing and signing this claim:

Name **Bernie**

First name

Middle name

Bowles

Last name

Title

Assistant Regional Commissioner- PCO

Company

Social Security Administration

Identify the corporate servicer as the company if the authorized agent is a servicer.

Address

1 Jamaica Center Plaza

Number

Street

Jamaica

Ny

11432

City

State

ZIP Code

Contact phone

718-557-3612

Email

SOCIAL SECURITY ADMINISTRATION
Northeastern Program Service Center
Jamaica, New York

CERTIFICATE OF INDEBTEDNESS

Case No. 5:17-bk-02918-JJT
Claim No. XXX-XX- 5277
Maximilian Sanchez

Total debt due United States as of 07/14/2017: : \$39,234.30

I certify that the Social Security Administration records show that the debtor named above is indebted to the United States the amount stated above.

The claim arose in connection with an overpayment of Social Security benefits.

Section 223 F (1.a-b) and Section 404.352 of the Social Security Act state in part that a recipient of benefits based on disability can be determined to be not entitled to disability benefits if there has been medical improvement of the recipient's impairment and/or he or she is now able to engage in substantial gainful activity.

Section 404.501 states, in pertinent part, in cases where the individual has received more than the payments due under Title II of the Act, an "overpayment" exists.

Based on SSA's determination that the debtor had engaged in substantial gainful activity, his disability benefits were retroactively terminated effective January 2010, creating an overpayment of \$39,314.30 for the period January 2010 through February 2012. Remittances from the debtor reduced the overpayment to the current balance of \$39,234.30.

CERTIFICATION: Pursuant to 28 USC section 1746, I certify under penalty of perjury that the foregoing is true and correct.



Bernie Bowles
Assistant Regional Commissioner, Processing Center Operations
SSA - NEPSC
Date: 01/08/2018